



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

TEXAS BACK INSTITUTE

**Respondent Name**

INSURANCE CO OF THE STATE OF PA

**MFDR Tracking Number**

M4-11-0794-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

NOVEMBER 2, 2010

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "procedure not included in another service billed."

**Amount in Dispute:** \$1,396.14

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "It is the Carrier's position that there is no additional money owed to the requestor."

**Response Submitted by:** Chartis Insurance

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 1, 2010	CPT Code 22830-59 Exploration of Spinal Fusion	\$1,229.00	\$0.00
	CPT Code 22830-59-AS Exploration of Spinal Fusion – Assistant Surgeon	\$167.14	\$0.00
TOTAL		\$1,396.14	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 97-Payment is included in the allowance for another service/procedure.

## **Issues**

Is the value of code 22830-59 included in the value of code 22554? Is the requestor entitled to reimbursement?

## **Findings**

28 Texas Administrative Code §134.203(b)(1) states "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

On the disputed date of service, the requestor billed CPT codes 20926, 22554, 22830-59, 22845, 22851 and 63081, as well as the assistant surgeons services 20926-AS, 22554-AS, 22830-59-AS, 22845-AS, 22851-AS and 63081-AS.

According to CCI edits, code 22830 is a component of code 22554; however a modifier is allowed to differentiate the service. A review of the requestor's billing finds that the requestor appended modifier "59-Distinct Procedural Service" to CPT code 22830 and 22830-AS.

Modifier 59 is defined as "Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used."

A review of the Operative report indicates that claimant underwent "Exploration of fusion C4 through C6," and "Anterior cervical fusion, C6-7 using allograft bone."

The Division finds that the requestor did not support the use of modifier "59" because the documentation does not support a "different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual." As a result, reimbursement is not recommended.

## **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

## **Authorized Signature**

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Signature

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Medical Fee Dispute Resolution Officer

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06/18/2014  
Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**